

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION

NEW LICENSE APPLICATION

Section 4. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="display: flex; justify-content: space-between;">FIRST NAMEMILAST NAMESUFFIX (Jr, Sr, etc.)</div>
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Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="display: flex; justify-content: space-between;">FIRST NAMEMILAST NAMESUFFIX (Jr, Sr, etc.)</div>
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Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

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Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

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Section 5A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
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STATE

ZIP CODE + 4

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HOME PHONE NUMBER

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HOME FAX NUMBER

E-MAIL ADDRESS

Section 5B. BUSINESS ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable. **Please note: This information will be made available to the public.**

COMPANY NAME

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
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BUSINESS PHONE NUMBER

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BUSINESS FAX NUMBER

E-MAIL ADDRESS

Section 5C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.

☐ HOME

☐ BUSINESS

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION

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Section 6A. PROFESSIONAL SCHOOLS ATTENDED

List all professional schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

Section 6B. POSTGRADUATE WORK EXPERIENCE

List all work experience since graduation from college, university and professional school, in reverse chronological order, beginning with the most recent.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

*** TYPE OF POSITION KEY**

- | | |
|----------------------------|---|
| A. Employment | E. Training |
| B. Private Practice | F. Other (specify on separate sheet of paper) |
| C. Clinical Rotations | |
| D. Instructor / Supervisor | |

Section 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license. Provide letters of verification all jurisdictions regardless if they are active, inactive or expired.

Jurisdiction	Date License Was First Obtained	License Number

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SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.

All applicants must complete ALL questions. Please answer questions A through J by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through J below, you must provide full information and complete details **on a separate sheet of paper, including copies of relevant court documents**, and attach to this form.

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following: Yes ☐ No ☐

- A. ☐ 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
☐ 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
☐ 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
☐ 4. Past due taxes;
☐ 5. Past due District of Columbia Water and Sewer Authority service fees; or
☐ 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

YES ☐ NO ☐

HPLA ONLY

- B. Have you ever been convicted or investigated of a crime (other than minor traffic violations) not previously reported to the Board?

YES ☐ NO ☐

☐

- C. Are you now or have you ever been registered or licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6C of this form.)

YES ☐ NO ☐

☐

- D. Have you ever been party to a malpractice action or had a malpractice action brought against you?

YES ☐ NO ☐

☐

- E. Have you ever voluntarily surrendered a license or registration certificate after formal charges have been filed against you or while under investigation?

YES ☐ NO ☐

☐

- F. Have you ever been terminated from or resigned from a clinical or professional training program?

YES ☐ NO ☐

☐

- G. Do you have a physical or medical condition that currently impairs your ability to practice your profession?

YES ☐ NO ☐

☐

- H. Has the use of drugs and/or alcohol resulted an impairment of your ability to practice your profession?

YES ☐ NO ☐

☐

- I. (1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?

YES ☐ NO ☐

☐

- J. Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?

YES ☐ NO ☐

☐

SECTION 8. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

LICENSEE SIGNATURE

NAME (Please Print)

DATE

HPLA ONLY

☐

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.